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Docket No. 50533

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: G. Barclay et al.

Serial No: 09/778,365 Examiner: C. Hamilton

Filed: February 8, 2001 Group Art Unit: 1752

For: HIGH RESOLUTION PHOTORESIST COMPOSITIONS

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

Sir:

AMENDMENT

Applicants are in receipt of the Office Action May 29, 2002. Please amend the above identified application as follows.

IN THE CLAIMS

1. A method for preparation of a photoresist composition comprising:
 - (a) treating a prepared resin with one or more organic solvents, the resin comprising phenolic and alkyl acrylate photoacid labile groups;
 - (b) admixing the treated resin with a photoactive component to provide a photoresist composition.

Please cancel claims 13, 14 and 16-24 without prejudice.

Please add the following new claims.

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TC 1700

25. The method of claim 1 wherein the resin is treated with a halogenated solvent.

26. The method of claim 1 wherein the resin is treated with a solvent having an ester.

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FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2) (Col. 3) SMALL ENTITY				OTHER THAN A SMALL ENTITY			
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee	
Total * Minus ** =		x \$9 =	\$0		x \$18 =	\$		
Indep. * Minus *** =		x \$42 =	\$0		x \$84 =	\$0		
[] First Presentation of Multiple Dependent Claim		+ \$140 =	\$0		+ \$280 =	\$0		
		Total Addit. Fee	\$		OR	Total Addit. Fee	\$	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: *"After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).*

(complete (c) or (d), as applicable)

- (c) No additional fee for claims is required.
OR
(d) Total additional fee for claims required \$ _____.

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5. Attached is a check in the sum of \$ _____.
 Charge Account No. 04-1105 the sum of \$ 920.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

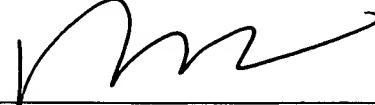
6. If any additional extension and/or fee is required, charge Account No. 04-1105.



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AND/OR

[X] If any additional fee for claims is required, charge Account No. 04-1105.



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